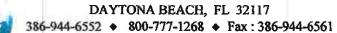
fscp

FLORIDA SUPPLY & CLEANING PRODUCTS, LLC

1640 MASON AVENUE



E-MAIL: <u>fscproducts@aol.com</u>
WEB: www.myfscp.com









CREDIT APPLICATION

Spoke with:						
How Applied: Phone In person	Mail Taken	by				
Line of Credit Requested \$	Present Balance \$		(I	Date)		
Business Name:	Phone (area code and number)					
Address:	City:	State:	_Zip Code:	For past	years	
D/B/A	FEDERAL TAX/ID #					
Former Business Address (i	f applicable)					
Type of Business	Date Established		How Lo	ong in Business		
Does State, County of City If Yes, License #	require a License? \	/esNo	_			
	anchisee/Owner l	nformation/Co	ontracted Part	Y		
Principal: (Name)	Title	SS#	Home	Address		
Principal: (Name)	Title	SS#	Home	Address		
Principal: (Name)	Title	SS#	Home	Address		
Principal: (Name)	Title	SS#	Home	Address		
Occupational License of Sa	id Property					
Management:	(Management Corporation Required)					
Name:						
Title:						
Phone Number:						
Principal Mailing Addres	:Occupational License #					

Please Provide us with a Copy of Operations Agreement between Management Corp & Franchisee or Owner

Florida Supply Credit Application

Trade Reference	28 :		
Name:			Address/Phone: (Name of Supplier of Major products and services)
Bank Reference	: Checking Loan_	Savings_	
Name:	Address	Acct #	Contacts
Name:	Address	Acct #	Contacts
Name:	_Address	Acct #	Contacts
	Est. Annual Sales # of its Principals ever been bank		
If yes, explain:			
()			